



South Dakota Board of Nursing Facility Administrators

P.O. Box 340, 1351 N. Harrison Ave. Pierre, SD 57501

Ph.: 605-224-1721

Fax: 888-425-3032

E-mail: SDNFA@midwestsolutionssd.com

doh.sd.gov/boards/nursingfacility

PUBLIC NOTICE OF MEETING

The Public is Welcome to Attend

Meeting Agenda

Tuesday April 16, 2019 -- 1:00 pm Central

Kneip Building, Conference room #2

700 Governors Drive, Pierre SD

- 1) Call to Order
- 2) Open Forum – *5 minutes for the public to address the Board.*
- 3) Approval of Minutes – *October 10, 2018, December 10, 2018, and December 18, 2018.*
- 4) Adoption of Agenda
- 5) Financial Report
- 6) Office Update
- 7) New Business
 - a. Adult Services and Aging Update/Ombudsman Update
 - b. NAB Presentation
 - c. Administrative Rules/Health Services Executive Credential
 - d. Draft Policies
 - e. Continuing Education Guidelines
 - f. Continuing Education Request
 - g. Elections
 - h. Board Appointment: Approval of Continuing Education
 - i. Board Appointment: Approval of Applications
 - j. NAB Meeting Approval
 - k. 2020 Spring Board Meeting Date
- 8) Executive Session -1-25-2 (3) and (4)
- 9) License Applications
- 10) Announcements: Next Meeting – October 1, 2019 1-3pm Central (Pierre)
- 11) Adjourn



South Dakota Board of Nursing Facility Administrators
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South Dakota Board of Nursing Facility Administrators
Board Meeting
Via Teleconference
October 10, 2018

President Stahl called the meeting to order at 2:08 pm Central.

Members of the Board present via telephone: Bob Stahl, Loren Diekman, Tom Richter, Jim Iverson and Mark Burket

Board staff in attendance via telephone: Brittany Novotny, Lisa Harsma, Kris O'Connell and Grant Flynn.

Motion to adopt the agenda by Burket. Second by Iverson. The Board voted by roll call. Stahl, Diekman, Richter, Iverson and Burket voted aye. Motion carried.

Motion to move into Executive Session per 1-25-2(3) and (4) by Richter. Second Diekman. The Board voted by roll call. Stahl, Diekman, Richter, Iverson and Burket voted aye. Motion carried. The board went into Executive Session at 2:10pm.

Motion to move out of Executive Session by Iverson. Second by Burkett. The Board voted by roll call. Stahl, Diekman, Richter, Iverson and Burket voted aye. Motion carried. The Board came out of Executive Session at 2:44pm.

Motion to adjourn by Richter. Second by Burket. The Board voted by roll call. Stahl, Diekman, Richter, Iverson and Burket voted aye. Motion carried. The meeting was adjourned at 2:45pm.

Respectfully Submitted,

Tom Richter
Secretary



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South Dakota Board of Nursing Facility Administrators
Board Meeting
December 10, 2018

President Stahl called the meeting to order at 10:05am Central.

Members of the Board present in person: Bob Stahl, Loren Diekman, Tom Richter, Mark Burket and Jessica Spencer.

Board staff in attendance in person: Brittany Novotny and Lisa Harsma.

Legal Counsel in attendance in person: Grant Flynn, Assistant Attorney General.

Legal Counsel in attendance by phone: Kris O'Connell, Board general counsel.

Guests in attendance in person: Catherine S. Williamson, Daniel Guericke, Michael Butler, Chad Stroshein, Craig Dodds, Lana Sanner, Jane Guericke, John Kieffer, Brandi Moran, Kevin Coffey and Bob Mercer.

Guests in attendance by phone: Amanda McNelly and Maria Piacentino

Stahl called for public testimony during the open forum. There was no public testimony.

Motion to approve the minutes of April 10, 2018 and October 10, 2018 by Burket. Second by Diekman. Motion carried.

Motion to approve the revised agenda by Richter. Second by Spencer. Motion carried.

Motion to approve the financial report by Diekman. Second by Richter. Motion carried.

Novotny presented the office update.

Contested Case Hearing in the Matter of the Licensure of Daniel Guericke.

Motion to move into Executive Session pursuant to SDCL 1-25-2 (3) by Diekman. Second Spencer. Motion carried. The board went into Executive Session at 11:06am.

Motion to move out of Executive Session by Richter. Second by Spencer. Motion carried. The Board came out of Executive Session at 11:27am.

Motion to approve the licensure application of Dan Guericke by Richter. Second by Diekman. Burket abstained from voting. Motion carried. The Board directed Mr. Flynn to draft the Findings of Fact and Order.

Brandi Moran and her preceptor, Kevin Coffey, presented a request to allow Ms. Moran to take the National Association of Long Term Care Administrator Boards (NAB) Nursing Home Administrator (NHA) examination a fifth time per ARSD 20:49:03:07.

Motion to move into Executive Session pursuant to SDCL 1-25-2 (3) by Burket. Second Spencer. Motion carried. The board went into Executive Session at 12:05pm.

Motion to move out of Executive Session by Burket. Second by Richter. Motion carried. The Board came out of Executive Session at 12:16pm.

Motion to approve Ms. Moran's request to take the NAB NHA examination a fifth time by Diekman. Second by Burket. Motion carried.

Amanda McNelly and Maria Piacentino from the Health Professionals Assistance Program (HPAP) presented two proposals for services. Motion to approve the no fee Letter of Agreement with the HPAP by Richter. Second by Burket. Motion carried.

The Board discussed the proposed Code of Conduct and Conflict of Interest Policy. Motion to approve the policy, as presented, by Burket. Second by Diekman. Motion carried.

Stahl presented a report on the NAB Mid-year meeting held in Tucson, Arizona, November 7-9, 2018.

The board scheduled a meeting on December 18, 2019 by teleconference, and scheduled the 2019 board meetings on April 16, 2019, and October 1, 2019.

Motion to move into Executive Session pursuant to SDCL 1-25-2 (3) by Diekman. Second Burket. Motion carried. The board went into Executive Session at 1:12pm.

Motion to move out of Executive Session by Burket. Second by Richter. Motion carried. The Board came out of Executive Session at 1:22.

Motion to approve the Nursing Facility Administrator licenses for Eli Ripley, Ashley Nickel, Meegan Hanson, Jennifer Goetzinger, Lisa Bielawski, Charles Johnson, Terry Smothers, Tracy Harwood, Debra Arbogast, Samuel Van Voorst and Lacey Feltman and Emergency Permits for Stacy Drayton, Whitney Podzimek, Donna Schellenberger, Kelli Guyse, Daniel Guericke, Tina Weyand, Lacey Feltman, Tracy Harwood, Brandi Moran and Samuel Van Voorst by Richter. Second by Spencer. Motion carried.

Motion to adjourn the meeting by Burket. Second by Diekman. Motion carried. The meeting was adjourned at 1:35pm.

Respectfully Submitted,

Tom Richter
Secretary



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South Dakota Board of Nursing Facility Administrators
Board Meeting
Via Teleconference
December 18, 2018

President Stahl called the meeting to order at 10:12 am Central.

Members of the Board present via telephone: Bob Stahl, Loren Diekman, Tom Richter, and Mark Burket

Board staff in attendance via telephone: Brittany Novotny, Lisa Harsma, Kris O'Connell and Grant Flynn.

Motion to approve the Findings of Fact and Conclusions of Law in the matter of the Licensure of Daniel Guericke by Richter. Second by Diekman. The Board voted by roll call. Stahl, Diekman, and Richter voted aye. Burket abstained from voting. Motion carried.

There being no further business, the meeting was adjourned at 10:17am.

Respectfully Submitted,

Tom Richter
Secretary

Remaining Authority by Object/Subobject

Expenditures current through 03/02/2019 10:50:33 AM

HEALTH -- Summary

FY 2019 Version -- AS -- Budgeted and Informational

FY Remaining: 33.2 %

| 09207 Subobject | Board of Nursing Home Admin - Info | Operating | Expenditures | Encumbrances | Commitments | Remaining | PCT AVL |
|-----------------------------|------------------------------------|--------------|--------------|--------------|-------------|--------------|-------------|
| EMPLOYEE SALARIES | | | | | | | |
| 5101030 | Board & Comm Mbrs Fees | 2,202 | 540 | 0 | 0 | 1,662 | 75.5 |
| Subtotal | | 2,202 | 540 | 0 | 0 | 1,662 | 75.5 |
| EMPLOYEE BENEFITS | | | | | | | |
| 5102010 | Oasi-employer's Share | 183 | 44 | 0 | 0 | 139 | 76.0 |
| Subtotal | | 183 | 44 | 0 | 0 | 139 | 76.0 |
| 51 Personal Services | | | | | | | |
| Subtotal | | 2,385 | 584 | 0 | 0 | 1,801 | 75.5 |
| TRAVEL | | | | | | | |
| 5203030 | Auto-priv (in-st.) H/rte | 1,200 | 675 | 0 | 0 | 525 | 43.8 |
| 5203100 | Lodging/in-state | 360 | 62 | 0 | 0 | 298 | 82.8 |
| 5203120 | Incidentals-travel-in St. | 88 | 0 | 0 | 0 | 88 | 100.0 |
| 5203130 | Non-employ. Travel-in St. | 500 | 0 | 0 | 0 | 500 | 100.0 |
| 5203140 | Meals/taxable/in-state | 150 | 33 | 0 | 0 | 117 | 78.0 |
| 5203150 | Non-taxable Meals/in-st | 50 | 32 | 0 | 0 | 18 | 36.0 |
| 5203260 | Air-comm-out-of-state | 185 | 0 | 0 | 0 | 185 | 100.0 |
| 5203280 | Other-public-out-of-state | 50 | 0 | 0 | 0 | 50 | 100.0 |
| 5203300 | Lodging/out-state | 200 | 0 | 0 | 0 | 200 | 100.0 |
| 5203320 | Incidentals-out-of-state | 50 | 0 | 0 | 0 | 50 | 100.0 |
| 5203350 | Non-taxable Meals/out-st | 100 | 0 | 0 | 0 | 100 | 100.0 |
| Subtotal | | 2,933 | 802 | 0 | 0 | 2,131 | 72.7 |
| CONTRACTUAL SERVICES | | | | | | | |
| 5204020 | Dues & Membership Fees | 1,500 | 1,500 | 0 | 0 | 0 | 0.0 |
| 5204050 | Computer Consultant | 0 | 17,500 | 0 | 0 | -17,500 | 0.0 |
| 5204080 | Legal Consultant | 4,000 | 4,272 | 0 | 0 | -272 | 0.0 |
| 5204090 | Management Consultant | 40,354 | 26,319 | 15,294 | 0 | -1,259 | 0.0 |
| 5204160 | Workshop Registration Fee | 50 | 0 | 0 | 0 | 50 | 100.0 |
| 5204181 | Computer Services-state | 2,138 | 0 | 0 | 0 | 2,138 | 100.0 |
| 5204200 | Central Services | 754 | 737 | 0 | 0 | 17 | 2.3 |
| 5204204 | Central Services | 302 | 227 | 0 | 0 | 75 | 24.8 |
| 5204207 | Central Services | 604 | 101 | 0 | 0 | 503 | 83.3 |
| 5204360 | Advertising-newspaper | 100 | 0 | 0 | 0 | 100 | 100.0 |
| 5204510 | Rents-other | 300 | 0 | 0 | 0 | 300 | 100.0 |
| 5204530 | Telecommunications Svcs | 1,500 | 368 | 0 | 0 | 1,132 | 75.5 |
| 5204590 | Ins Premiums & Surety Bds | 2,300 | 0 | 0 | 0 | 2,300 | 100.0 |

Remaining Authority by Object/Subobject

Expenditures current through 03/02/2019 10:50:33 AM

HEALTH -- Summary

FY 2019 Version -- AS -- Budgeted and Informational

FY Remaining: 33.2 %

| 09207 Board of Nursing Home Admin - Info | | | | | | | PCT |
|--|---------------|---------------|---------------|-------------|----------------|--|-------------|
| Subobject | Operating | Expenditures | Encumbrances | Commitments | Remaining | | AVL |
| 5204960 Other Contractual Service | 0 | 1,212 | 0 | 0 | -1,212 | | 0.0 |
| Subtotal | 53,902 | 52,236 | 15,294 | 0 | -13,628 | | 0.0 |
| SUPPLIES & MATERIALS | | | | | | | |
| 5205020 Office Supplies | 0 | 6 | 46 | 0 | -52 | | 0.0 |
| 5205310 Printing-state | 500 | 0 | 0 | 0 | 500 | | 100.0 |
| 5205320 Printing-commercial | 500 | 0 | 0 | 0 | 500 | | 100.0 |
| 5205350 Postage | 900 | 330 | 0 | 0 | 570 | | 63.3 |
| 5205390 Food Stuffs | 50 | 0 | 0 | 0 | 50 | | 100.0 |
| Subtotal | 1,950 | 336 | 46 | 0 | 1,568 | | 80.4 |
| CAPITAL OUTLAY | | | | | | | |
| 5207901 Computer Hardware | 0 | 99 | 0 | 0 | -99 | | 0.0 |
| Subtotal | 0 | 99 | 0 | 0 | -99 | | 0.0 |
| 52 Operating Subtotal | 58,785 | 53,473 | 15,340 | 0 | -10,028 | | 0.0 |
| Total | 61,170 | 54,057 | 15,340 | 0 | -8,227 | | 0.0 |

BA1409R1

STATE OF SOUTH DAKOTA
CASH CENTER BALANCES
AS OF: 02/28/2019

PAGE 112

AGENCY: 09 HEALTH
BUDGET UNIT: 09207 BOARD OF NURSING HOME ADMIN

| COMPANY | CENTER | ACCOUNT | BALANCE | DR/CR | CENTER DESCRIPTION |
|---------------------------------|--------------|---------|-----------|--------|--|
| 6503 | 092000061816 | 1140000 | 49,330.52 | DR | |
| COMPANY/SOURCE TOTAL 6503 618 | | | 49,330.52 | DR * | BOARD OF NURSING FACILITY ADMINISTRATORS |
| COMP/BUDG UNIT TOTAL 6503 09207 | | | 49,330.52 | DR ** | |
| BUDGET UNIT TOTAL 09207 | | | 49,330.52 | DR *** | |

BA0225R5 03/02/2019

STATE OF SOUTH DAKOTA
REVENUE SUMMARY BY BUDGET UNIT
FOR PERIOD ENDING: 02/28/2019

PAGE 49

AGENCY 09 HEALTH
BUDGET UNIT 09207 BOARD OF NURSING HOME ADMIN

| CENTER | COMP | ACCOUNT | DESCRIPTION | CURRENT MONTH | YEAR-TO-DATE | |
|--------------|---------------------------------|---------|---|---------------|--------------|-------|
| COMPANY NO | 6503 | | | | | |
| COMPANY NAME | PROFESSIONAL & LICENSING BOARDS | | | | | |
| 092070061816 | 6503 | 4293974 | RENEWAL LIC - NHA | 300.00 | 42,900.00 | |
| 092070061816 | 6503 | 4293975 | INITIAL APP'L - NHA | 600.00 | 1,800.00 | |
| 092070061816 | 6503 | 4293976 | RECIPROCITY APP'L - NHA | 300.00 | 900.00 | |
| 092070061816 | 6503 | 4293977 | EMERGENCY TEMP LIC-NHA | 200.00 | 1,600.00 | |
| 092070061816 | 6503 | 4293978 | EXAM FEE-HNA | 300.00 | 1,000.00 | |
| 092070061816 | 6503 | 4293979 | INACTIVE LICENSE FEES | 450.00 | 2,550.00 | |
| ACCT: | 4293 | | BUSINESS & OCCUP LICENSING (NON-GOVERNMENTAL) | 2,150.00 | 50,750.00 | * |
| ACCT: | 42 | | LICENSES, PERMITS & FEES | 2,150.00 | 50,750.00 | ** |
| 092070061816 | 6503 | 4896019 | MISC INCOME-NHA | 75.00 | 375.00 | |
| ACCT: | 4896 | | | 75.00 | 375.00 | * |
| ACCT: | 48 | | OTHER REVENUE | 75.00 | 375.00 | ** |
| 092070061816 | 6503 | 4920045 | NONOPERATING REVENUES | .00 | 744.08 | |
| ACCT: | 4920 | | NONOPERATING REVENUE | .00 | 744.08 | * |
| ACCT: | 49 | | OTHER REVENUE | .00 | 744.08 | ** |
| CNTR: | 092070061816 | | | 2,225.00 | 51,869.08 | *** |
| CNTR: | 092070061 | | | 2,225.00 | 51,869.08 | **** |
| CNTR: | 0920700 | | | 2,225.00 | 51,869.08 | ***** |
| COMP: | 6503 | | | 2,225.00 | 51,869.08 | ***** |
| B UNIT: | 09207 | | | 2,225.00 | 51,869.08 | ***** |

1 **20:49:03:01. Examinations.** An applicant for licensure must pass the following
2 examinations:

3 (1) The computer-based Core of Knowledge Examination for Long Term Care
4 Administrators and Nursing Home Administrators Licensing Line of Service Examination
5 administered by the National Association of Long Term Care Administrator Boards. A passing
6 score on the ~~examination~~ examinations is a scaled score with a passing point of 113; and

7 (2) A state examination provided by the board covering the rules of the South Dakota
8 Department of Health that govern nursing facilities. A nonrefundable fee of \$100 shall be
9 submitted to the board prior to the examination date. A passing score on the examination is 75
10 percent.

11 **Source:** SL 1975, ch 16, § 1; 2 SDR 86, effective June 27, 1976; 6 SDR 66, effective
12 January 9, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 13 SDR 90, effective January
13 22, 1987; 17 SDR 171, effective May 16, 1991; 18 SDR 86, effective November 17, 1991; 22
14 SDR 74, effective November 27, 1995; 27 SDR 61, effective December 24, 2000; 36 SDR 27,
15 effective August 25, 2009; SL 2014, ch 186, § 30, effective July 1, 2014.

16 **General Authority:** SDCL 36-28-10, 36-28-11, 36-28-12.

17 **Law Implemented:** SDCL 36-28-10 to 36-28-12.

18 **Cross-Reference:** Reciprocal licensure, ch 20:49:06; Medical facilities, art 44:04.

19 **20:49:04:01. Requirements for initial licensure.** An applicant for licensure as a
20 nursing facility administrator shall meet the education and training requirements and shall submit
21 the following:

22 (1) A completed application form and a nonrefundable fee of \$300;

23 (2) Certified transcripts verifying completion of at least an associate degree;

1 (3) Verification of:

2 (a) Completion of an administrator-in-training program within four years preceding
3 the date of application; or

4 (b) Completion of a practicum in long term healthcare administration from a higher
5 education institution accredited by an organization recognized by the Council for Higher
6 Education Accreditation within four years preceding the date of application;

7 (4) A copy of the applicant's driver license or equivalent birth verification;

8 (5) Three letters of recommendation from professional references not related to the
9 applicant by kinship or marriage;

10 (6) Verification of passage of the Core of Knowledge Examination for Long Term Care
11 Administrators and Nursing Home Administrators Licensing Line of Service Examination
12 administered by the National Association of Long Term Care Administrators Board
13 Administrator Boards within four years preceding the date of application; and

14 (7) Verification of passage of the state examination approved by the board covering the
15 rules of the South Dakota Department of Health that govern nursing facilities within four years
16 preceding the date of application.

17 In lieu of (2) through (6) above, an applicant may submit verification through the
18 National Association of Long Term Care Administrator Boards that the applicant has been
19 validated as a Health Services Executive by the National Association of Long Term Care
20 Administrator Boards within four years preceding the date of application.

21 **Source:** SL 1975, ch 16, § 1; 2 SDR 86, effective June 27, 1976; 6 SDR 66, effective
22 January 9, 1980; 8 SDR 24, effective September 16, 1981; 8 SDR 166, effective June 15, 1982; 9
23 SDR 108, effective February 21, 1983; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 17

SDR 171, effective May 16, 1991; 22 SDR 74, effective November 27, 1995; 27 SDR 61, effective December 24, 2000; 36 SDR 27, effective August 25, 2009; SL 2014, ch 186, § 35, effective July 1, 2014.

General Authority: SDCL 36-28-9, 36-28-10, 36-28-12.

Law Implemented: SDCL 36-28-9, 36-28-10 to 36-28-12.

20:49:06:01. Reciprocal licensure. An applicant for reciprocal licensure as a nursing facility administrator shall meet the education and training requirements and shall submit the following:

- (1) A completed application form and a nonrefundable fee of \$300;
- (2) Certified transcripts verifying completion of at least an associate degree;
- (3) Verification of completion of:
 - (a) An administrator-in-training program within four years preceding the date of application;
 - (b) A practicum in long term care healthcare administration from a higher education institution accredited by an organization recognized by the Council for Higher Education Accreditation within four years preceding the date of application; or
 - (c) Six consecutive months of service as an administrator of a licensed nursing facility within four years preceding the date of application;
- (4) A copy of the applicant's driver license or equivalent birth verification;
- (5) Three letters of recommendation from professional references not related to the applicant by kinship or marriage;

1 (6) Verification of passage of the Core of Knowledge Examination for Long Term Care
2 Administrators and Nursing Home Administrators Licensing Line of Service Examination
3 administered by the National Association of Long Term Care Administrator Boards;

4 (7) Verification of passage of the state examination provided by the board covering the
5 rules of the South Dakota Department of Health that govern nursing facilities within four years
6 preceding the date of application; and

7 (8) A certified letter verifying the nursing facility administrator license, or equivalent
8 license, and status of such license from the board in each state or other political subdivision of
9 the United States in which the applicant is or has been licensed. If an applicant for reciprocal
10 licensure has had action taken against a license as a nursing facility administrator, or equivalent
11 license, the applicant may be denied a license.

12 In lieu of (2) through (6) above, an applicant may submit verification through the
13 National Association of Long Term Care Administrator Boards that the applicant has been
14 validated as a Health Services Executive by the National Association of Long Term Care
15 Administrator Boards within four years preceding the date of application.

16 **Source:** SL 1975, ch 16, § 1; 2 SDR 86, effective June 27, 1976; 6 SDR 66, effective
17 January 9, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 13 SDR 90, effective January
18 22, 1987; 17 SDR 171, effective May 16, 1991; 22 SDR 74, effective November 27, 1995; 24
19 SDR 21, effective August 24, 1997; 27 SDR 61, effective December 24, 2000; 36 SDR 27,
20 effective August 25, 2009; SL 2014, ch 186, § 40, effective July 1, 2014.

21 **General Authority:** 36-28-9, 36-28-10, 36-28-12, SDCL 36-28-14.

22 **Law Implemented:** 36-28-9, 36-28-10, 36-28-12, SDCL 36-28-14.

23 **Cross-Reference:** Medical facilities, art 44:04.

1 **20:49:08:01. Application for renewal.** Every person who holds a license to practice as a
2 nursing facility administrator or serves as a preceptor shall apply to the board biennially by
3 December 31 of each even-numbered year and report any information requested by the board on
4 forms provided by the board. A licensee need not be actively practicing as a nursing facility
5 administrator to be eligible to renew the license.

6 **Source:** SL 1975, ch 16, § 1; 2 SDR 86, effective June 27, 1976; 6 SDR 66, effective
7 January 9, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 27 SDR 61, effective
8 December 24, 2000; 36 SDR 27, effective August 25, 2009; SL 2014, ch 186, § 42, effective
9 July 1, 2014.

10 **General Authority:** SDCL 36-28-18.

11 **Law Implemented:** SDCL 36-28-~~19~~18.

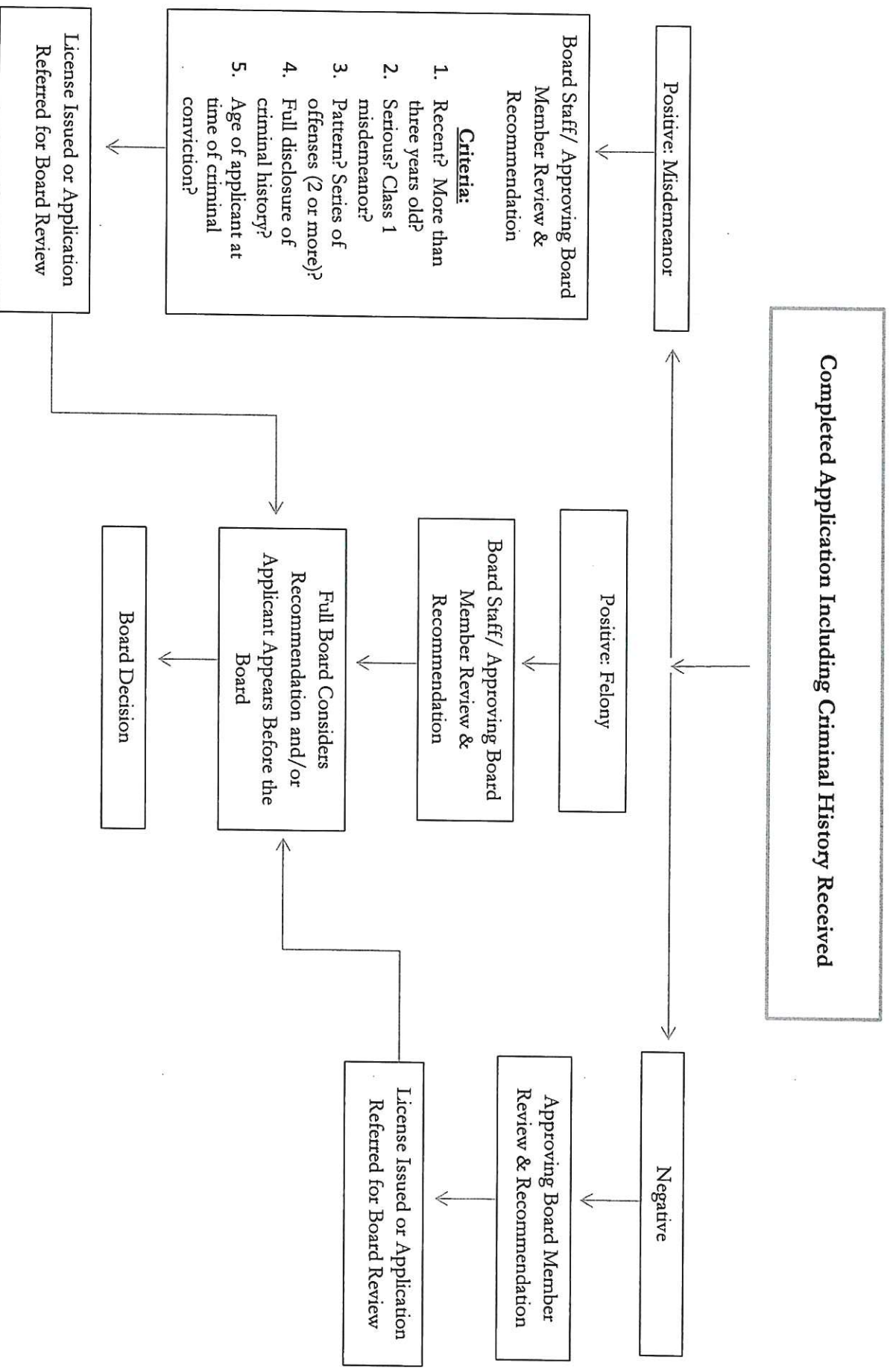
12 **20:49:08:03. Continuing education requirements.** A minimum of 40 hours of board
13 approved continuing education directly related to nursing facility administration, and pertaining
14 to health care, healthcare administration, or business administration is required biennially for
15 renewal of a license. The board may accept academic courses directly related to nursing facility
16 administration, and pertaining to health care, healthcare administration, or business
17 administration offered through a higher education institution accredited by an organization
18 recognized by the Council for Higher Education Accreditation. The board may approve
19 continuing education providers and programs.

20 **Source:** SL 1975, ch 16, § 1; 2 SDR 86, effective June 27, 1976; 6 SDR 66, effective
21 January 9, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 13 SDR 90, effective January
22 22, 1986; 22 SDR 74, effective November 27, 1995; 27 SDR 61, effective December 24, 2000;
23 36 SDR 27, effective August 25, 2009; SL 2014, ch 186, § 45, effective July 1, 2014.

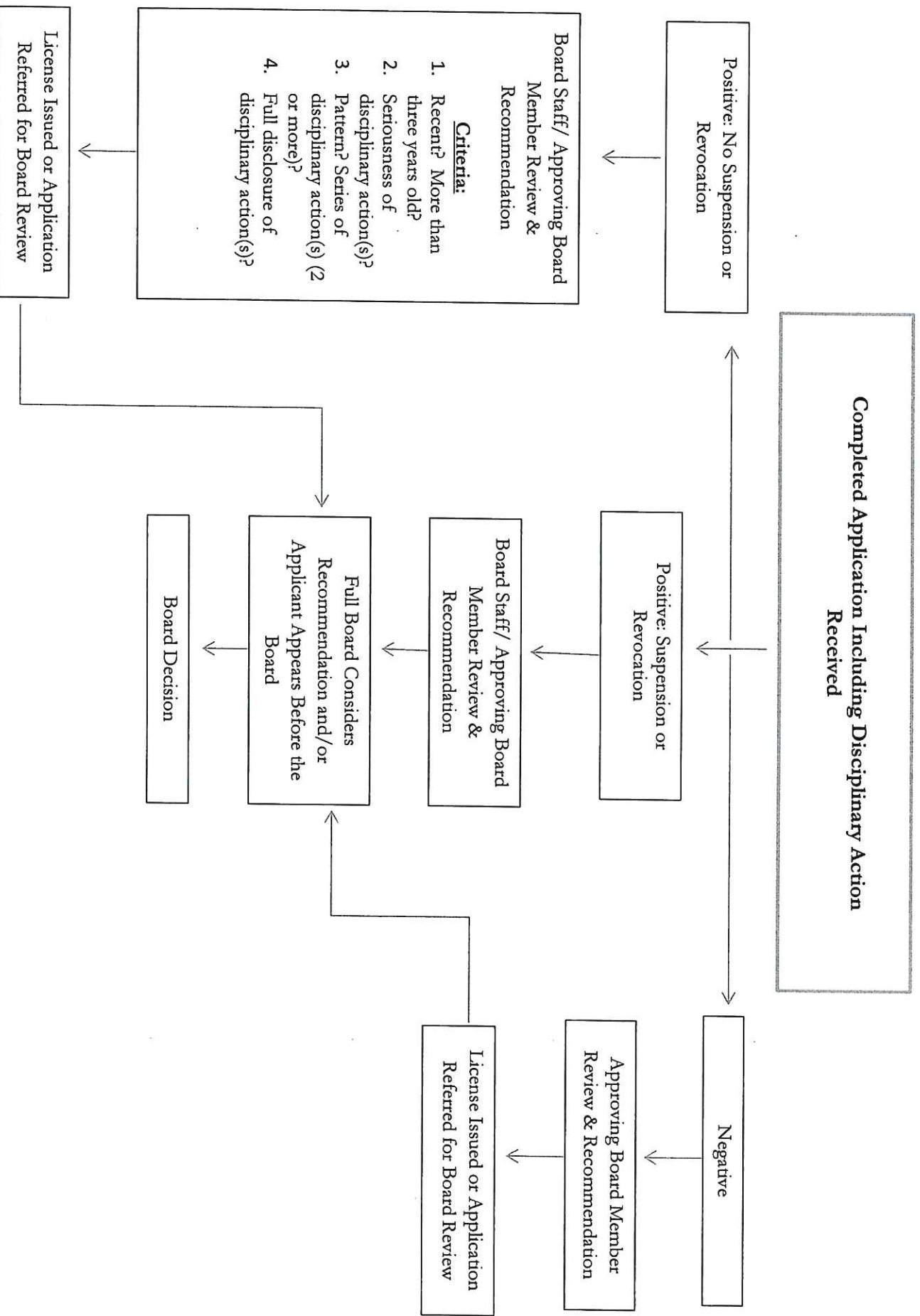
1 **General Authority:** ~~SDCL 36-28-21~~, 36-28-21.1.

2 **Law Implemented:** ~~SDCL 36-28-21~~, 36-28-21.1.

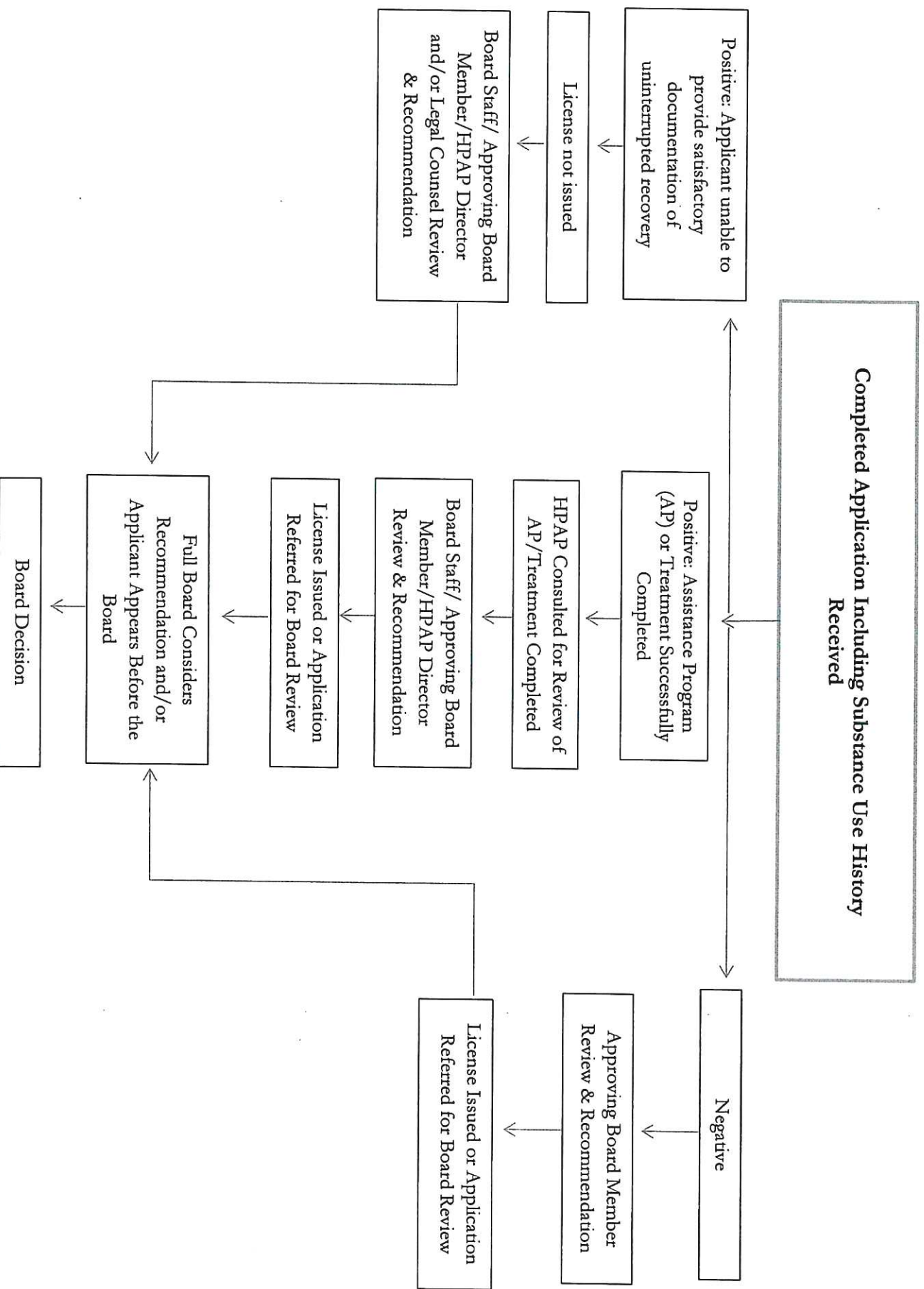
Criminal History Algorithm: It is the policy of the Board to use the Criminal History Algorithm as guidance when determining whether to issue a license.



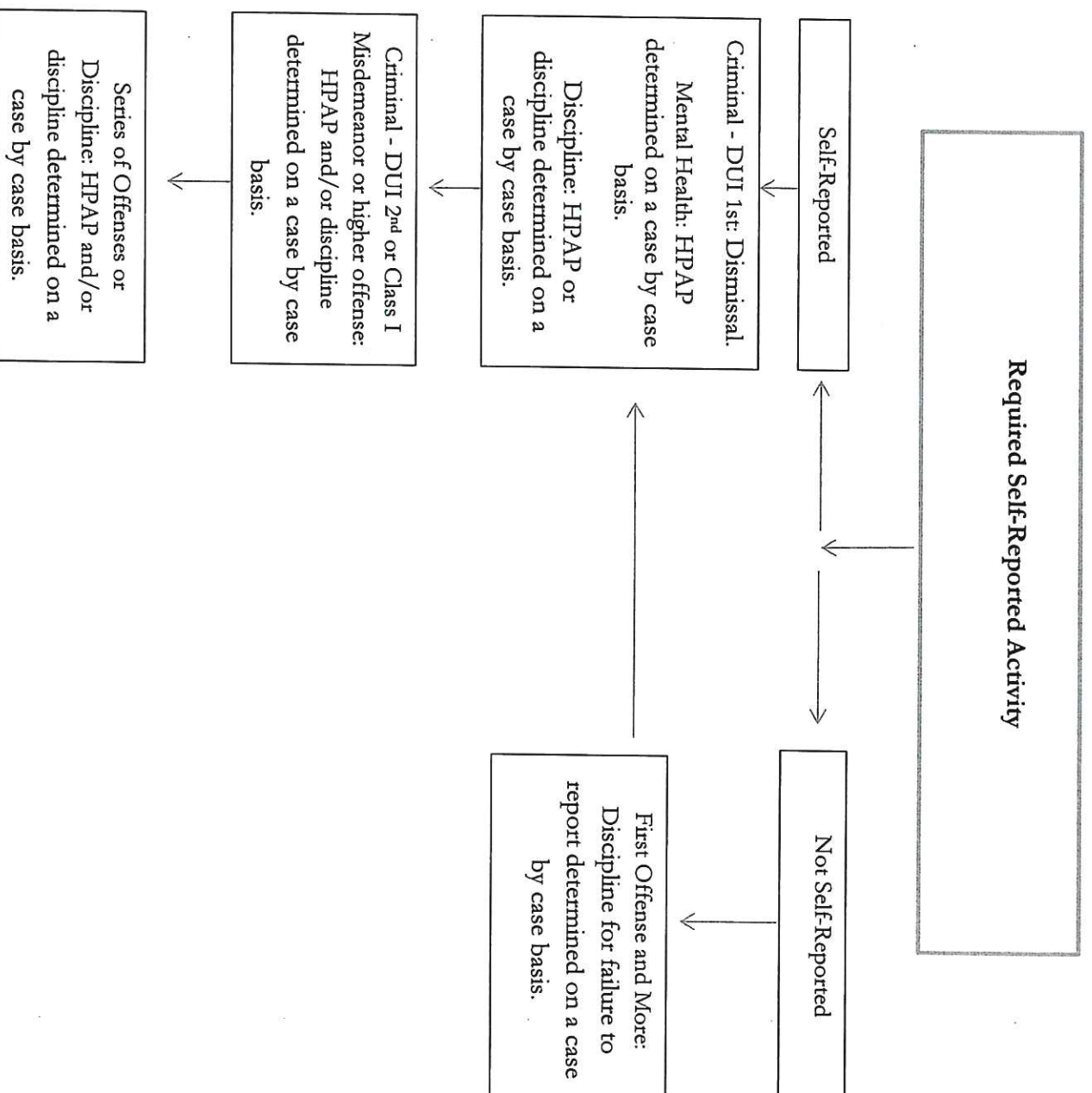
Disciplinary Action Algorithm: It is the policy of the Board to use the Disciplinary Action Algorithm as guidance when determining whether to issue a license.



Substance Use History Algorithm: It is the policy of the Board to use the Substance Use Algorithm as guidance when determining whether to issue a license.



Self-Reported Activity: It is the policy of the Board to use the Self-Reported Activity as guidance when reviewing information required to be reported to the Board.





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CONTINUING EDUCATION GUIDELINES

A minimum of 40 hours of continuing education directly related to the duties of a nursing facility administrator, and pertaining to health care, healthcare administration or business administration, are required biennially for renewal of license. The Board does not limit the number of online courses that a licensee can take. The following continuing education courses are accepted by the South Dakota Board of Nursing Facility Administrators:

- Academic courses directly related to the duties of a nursing facility administrator, and pertaining to health care, healthcare administration or business administration, offered through a higher education institution accredited by an organization recognized by the Council for Higher Education Accreditation (one credit hour = 15 hours of continuing education).
- The Board will accept programs directly related to the duties of a nursing facility administrator, and pertaining to health care, healthcare administration or business administration, that are approved or provided by:
 - Other state licensing boards for nursing facility administrators
 - National Association of Long Term Care Administrator Boards (NAB)
 - American College of Healthcare Executives (ACHE)
 - American College of Health Care Administrators (ACHCA)
 - American Health Care Association (AHCA) and State Affiliates
 - American Hospice Foundation
 - American Hospital Association (AHA) and State Affiliates
 - American Medical Directors Association
 - Catholic Health Association
 - Centers for Medicare and Medicaid Services (CMS)
 - Leading Age (formerly AAHSA) and State Affiliates
 - National Rural Health Association
 - Great Plains Quality Innovation Network
 - Approved systems of care that operate South Dakota nursing home facilities, including the following: Avera, Sanford, Welcov, Evangelical Lutheran Good Samaritan Society, Tealwood, Blackhills Healthcare, and Rapid City Regional Health.

The Board does not accept courses specific to your facility's computer programs and/or software.



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doh.sd.gov/boards/nursingfacility

CONTINUING EDUCATION PROGRAM APPROVAL FORM

Continuing education courses must pertain to health care or to business administration to receive approval. Note that the Board has provided ongoing approval for systems of care that operate South Dakota nursing facilities (please see below). These entities do not need to submit approval for individual programs, but are instead considered an approved provider of continuing education in South Dakota. Courses related to the duties of a nursing facility administrator will be accepted if these entities are the sponsoring organization. The Board will not accept courses that related to training on a facility's computer programs and/or software.

Please provide attendees with verification of attendance for your continuing education programs. This verification should include the number of hours earned, program name, sponsoring entity, date and location of the program. When verification of attendance is needed, the Board will request this verification from licensees. You do not need to submit a list of attendees to our office.

Date Requested: 11/15/18 Date of Course: 10/11/18 & 10/12/18

Name of Person Requesting Approval: Amanda Larson Phone: 605-216-0197

Email: (you will be notified of outcome via email) afir28@hotmail.com

Course Length: 1 credit Hrs. University of Sioux Falls (16 CEUs)

Title of Course: Supporting Early Learners Brain Development

Brief Description of how this course relates to nursing facility administrators:

EDU_ICAP.5 Supporting Early Learners Brain Development was a conference put on by the SD Head Start Association. I attended this course to gain perspective on how the brain develops in order to better serve the residents trying to maintain the highest level of well-being.

Sponsor: ~~SD Health Care Association~~ SD Head Start Association

Speaker: Dr. Bob Greenleaf, Frank Kros, Dr. Lise Eliot, Ron Mohl, Tim Burns

Location: Ramada Inn, Sioux Falls SD

Curriculum Vitae or resume of speaker and
detailed course outline is **required**.

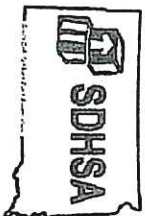
For Office Use Only:

Approved: y/n no CE Type/Code _____ Hrs: _____

per L.D.

Supporting Early Learners Institute: Developing Brains/Applications for Action

October 11-12, 2018



SDHSA and Lakeshore Learning welcome you to the first ever
Supporting Early Learners event in South Dakota.
We are pleased to bring you this opportunity for high-quality professional development,
designed for Early Childhood Educators, Caretakers, and Parents of children ages 0-8.

Our thanks to SD Department of Education for their sponsorship.

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| | | | | |
|---|---|--|---|--|
|  <p>Dr. Bob Greenleaf Greenleaf Learning bob@greenleaflearning.com www.greenleaflearning.com 207-793-8675</p> |  <p>Frank Kros UpsideDown Org, TranZed krosf@ChildrensGuild.org www.childrenguild.org http://twitter.com/FKros</p> |  <p>Dr. Lise Elliot Chicago School of Medicine/ Rosalind Franklin University lise.elliott@rosalindfranklin.edu 847-578-3416</p> |  <p>Ron Mohl Lakeshore Learning Rmohl@lakeshorelearning.com www.lakeshorelearning.com</p> |  <p>Tim Burns Educare Tim@TimBurnsEducare.com www.TimBurnsEducare.com</p> |
| <p>Brain & Learning: Strategies for Application & Long Term Memory Creating & Changing Mindsets: Developing Responsible Long-term Behaviors & Relationships Visual (BIModal) Learning: Strategies Incorporating Dual Coding for Increase Memory & Recall Formative Assessment Impact on Teaching and Learning</p> | <p>Trauma & Learning Change Your Language, Change Their Lives: How Adult Language Strategies Can Positively Impact Children's Behavior Beyond Poverty: Brain-Inspired Approaches for Building Resilience, Curiosity and Motivation Teaching Executive Function to Young Children Linking the Brain and Behavior</p> | <p>Brain Development and Early Learning Gender in the Classroom How to improve STEM education for both girls and boys</p> | <p>Pulling Day #1 Together: Brain Based Learning - Applications to the Classroom Wrapping Our Heads Around Two Days of Ideas Lakeshore will also have a learning environment classroom set up at the conference</p> | <p>The Anatomy of Possibility: Whole-Child Education and the Integration of Brain, Body and Heart Intelligences The Brain In Motion: How Movement Facilitates Early Childhood Brain Integration and Learning Mindfulness Practice: Children Love it and Teachers Can Use It! Early Childhood Brain Development and the Screen-Time Dilemma</p> |

Session Descriptions

| | |
|---|--|
| Thursday, October 11th | Supporting Early Learners Institute: Developing Brains/Applications for Action |
| 8:30 AM Keynote - Dr. Lise Elliot | Brain Development & Early Learning Children's brains are more plastic in early life than at any later time, such that high-quality preschool can make a big difference in a child's abilities and life outcomes. |
| 10:30 AM | Breakout Sessions |
| Dr. Bob Greenleaf | Brain & Learning: Strategies for Application & Long Term Memory This workshop engages participants in instructional strategies for diverse learners, with the goal being: <ul style="list-style-type: none"> To invite ALL learner to participate To cause learners to do the processing necessary for long term memory To form multiple connections (ways of knowing/accessing) for recall General Info: This workshop specifically targets the question: "How do I frame existing lessons so that all learners become engaged in learning?" The goals are to engage all learners simultaneously; to cause learners to do the work (processing) of learning; and to create multiple connections with respect to the important ideas being taught. |
| Dr Lise Elliot | Gender in the Classroom Gender labels are a straightjacket that prevent the full expression of strengths and interests in each child. By looking for gender similarity, rather than emphasizing difference, educators will be in a better position to cultivate diverse talents in all children. |
| Tim Burns | The Anatomy of Possibility: Whole-Child Education and the Integration of Brain, Body and Heart Intelligences Three brains are better than one. This presentation highlights the wonderful discoveries that we are three-brained beings. In addition to a cranial brain, we also have a "heart brain and "body brain." When it comes to stress-free, engaged learning, the key is entrainment: Three brains working together. COME FIND OUT HOW! |
| Frank Kros | Change Your Language, Change Their Lives: How Adult Language Strategies Can Positively Impact Children's Behavior The specific words adults use with children, the tone of voice and the body language used have profound impact on the developing brain. |
| 1:10 PM | Breakout Sessions |
| Dr. Bob Greenleaf | Creating & Changing Mindsets: Developing Responsible Long-term Behaviors & Relationships Focusing upon the behavior of a student seldom prevents repeat occurrences. We may subdue behavior, but our experience is that the behavior always returns/repeats. Focusing on the mind's internal movies does impact behaviors and attitudes. People learn, act out, disrupt, etc. as a result of the internal movies playing continuously in the mind. These movies generate behaviors. Teachers encounter them daily. Changing behaviors (attitudes/choices), long term, through the "Movies of the Mind" can be done. Creating "Can-Do" attitudes is a process we can influence! |
| Dr. Lise Elliot | How to Improve STEM Education for Both Girls and Boys Multisensory, hands-on, and non-competitive learning is the best approach for translating children's natural curiosity into a lifelong love of science and mathematical reasoning. |

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| Tim Burns | The Brain in Motion: How Movement Facilitates Early Childhood Brain Integration and Learning Ready for some enjoyable movement and insight on how it enhances brain function? Come to this session for a fast-paced, informative, and engaging overview for information and activities you can use tomorrow in the classroom to enhance focus, attention, and learning. |
| Frank Kros | Beyond Poverty: Brain-Inspired Approaches for Building Resilience, Curiosity and Motivation Deprivation can be toxic to the developing brain. Once deprivation is relieved, specific, targeted and intense efforts can help children catch-up on lagging development |
| 2:00 pm Ron Mohl Keynote | Pulling Day #1 Together: Brain-based Learning and Applications to the Classroom |
| Friday, October 12th | Supporting Early Learners Institute: Developing Brains/Applications for Action |
| Friday 8:00 AM Keynote - Frank Kros | Trauma and Learning. Trauma and near-trauma experiences like poverty have profound influences on children being "ready to learn." This keynote describes the specific impact of adverse experiences on young brains and the behaviors teachers will often see related to trauma. Practical, ready-to-use strategies for responding to children with trauma-influenced behaviors and a clear pathway to building resilience and hope will be shared. |
| 10:00 AM | Breakout Sessions |
| Frank Kros | Teaching Executive Function to Young Children Executive function skills are those skills that make us uniquely human. Our ability to control our impulses, organize our thinking, regulate our behavior and plan for the future are the executive skills we all want for our children. In this workshop, discover how to specifically build executive function skills in your young students with fun, effective, and easy-to-use strategies. |
| Tim Burns | Mindfulness Practice: Children Love It and Teachers Can Use It! Mindfulness can be described as a state of active awareness and open attention on the present. Commonly associated with certain practices common to the world's great religions, the past 30 years of scientific investigations have produced a significant body of evidence demonstrating the efficacy of such practices for enhanced present-moment living, the starting place for both happiness and in-depth learning. The presentation provides an overview of these findings along with the opportunity to learn more about and participate in the actual practice. Along with enhancing your ability to reduce stress and enhance well-being, you will want to consider integrating these simple practices into your work with children as well. |
| Dr. Bob Greenleaf | Visual (BiModal) Learning: Strategies Incorporating Dual Coding for Increased Memory & Recall The conscious mind works primarily in image and emotion (meaning). Nonlinguistic or VISUAL Representations (NLRs) are reported in the research to generate an overall increase of 26% in student performance outcomes. More poignant are visual-verbal combinations-or "bi-modal" packets that learners can form while engaging new materials. Applications abound in this workshop. What NRL strategies can be used that engage the mind? Can we merge the research on effective instructional strategies with the neurosciences and generate "Minds-On" learning? Are there some learners or learner types that would benefit from NRL approaches to processing and interpreting? |

| | |
|---|---|
| 12:30 PM | Breakout Sessions |
| Frank Kros | Linking the Brain and Behavior Challenging behaviors often result in significant obstacles to learning—both by the child engaging in the behavior as well as other children in the class/program. In this workshop, participants will learn how to identify the root motivation for the behavior observed, quickly identify the proper response, and select a behavior motivation tool that works. |
| Tim Burns | Early Childhood Brain Development and the Screen-Time Dilemma When it comes to early childhood brain development timing is everything. While the need for slow-time spent in enriching natural and social environments has not changed, what has changed are the mounting cultural forces that contrive to disrupt childhood development via the introduction of virtual “experiences” as substitutes for the real thing. While still hotly debated, evidence continues to accumulate suggesting maladaptive changes taking place in the young brain when exposed to these powerful technologies. Is it an exaggeration to say, as do some experts, that we have embarked on an “evolutionary experiment” on a species-wide scale? This presentation brings together and highlights the various concerns, what the evidence for those concerns suggests, and what might be done to mitigate them. |
| Dr. Bob Greenleaf | Formative Assessment Impact on Teaching and Learning Everything today is marketed as “research based.” Problematically this does not guarantee a correlation with high impact on learning. We’ve experienced this when our latest acquisitions have yielded less than hoped-for results. Meta-analyses have shed light on the elements that DRIVE effect size and can be instructive for our work with youth. Beyond 3 rd party commercial data there are practices that can reduce cost, time, record-keeping and actually use the daily work of students to illuminate where the most impact may come from. Let’s interact with some ways to implement formative assessment and explore how students might be engaged with some of the highest impact strategies research has to offer. |
| 2:00 pm Ron Mohl Keynote | Wrapping Our Heads Around Two Days of Ideas Strategies and applications to use in your classrooms and programs that put the brain research to use. |



SD Head Start Assn Contact Information

Kathy Cruse, Executive Director
 207 E Capitol Ave Suite 207
 Pierre, SD 57501
 605-224-4161
sdhsa@sdheadstart.org



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Lakeshore Contact Information

Ronnie Hineline, Regional Manager (SD,NE,ND)
 Mobile: (402) 490-3115
 Toll Free: (800) 421-5354 ext. 7631
rhineline@lakeshorelearning.com

South Dakota Board of Nursing Home Administration Member:

I respectfully ask that the South Dakota Board of Nursing Home Administrators reconsiders the rejection of my college credit hours through the University of Sioux Falls. These hours were obtained through my attendance at the South Dakota Early Education conference (fall of 2018). I will briefly explain the knowledge catalyst this conference was for me. The following letter includes informal sourcing and tidbits in the footnotes to assist in understanding the information better.

The Early Education Conference included experts that were there to talk about the neuroscience of learning and to discuss how people engage with others to make a difference. Learning is simply building neural pathways and being able to activate and utilize those pathways. Learning is a process that is ongoing throughout our lives. Engaging with others is an essential part of the long-term care industry. My work in long-term care is mainly centered around quality of life. This entails a need to be able to do more with less, less staff and less funds as both are challenges for long-term care. The two keynote speakers Lise Eliot, PhD a Professor of Neuroscience at the Chicago Medical School at Rosalind Franklin University of Medicine and Science and Frank Kros of the TranZed Alliance¹ have changed my perspective on how care is provided in the long-term care industry. I have directly utilized the information I have gained to pursue further study and as a consultant have directly applied that knowledge to long-term care. I will strive to give you a brief summary of the information I have gained since attending this conference.

My main reason for attending this conference was to learn more about the nervous system. This excerpt from *The Athlete's Way: Training Your Mind and Body to Experience the Joy of Exercise* by Christopher Bergland does a better job of summarizing what I learned about at the conference than I can:

More than 100 billion neurons are stretched throughout your entire body. When this chrysalis-like web of neurons twists with the three million feet of myelin-covered axons throughout your entire body, you can imagine the nervous system. Each neuron can be connected to thousands of other neurons, each simultaneously sending and receiving impulses to and from thousands of other neurons. One neuron can alter millions of other neurons in its network. Each axon, or nerve fiber, is one long hose. Some, like the sciatic nerve, stretch up to four feet long. An axon sometimes branches at the end into as many

¹ The TranZed is short for transformation education. This organization is dedicated to transforming how America cares for and educates children. The goal is to bring about social emotional wellness and educational growth by how children are engaged.

as a thousand separate nozzles into the synaptic gaps. Neurons never touch. Instead, neurotransmitters link them into networks.²

The nervous system is not static, it is always changing. The foundation of all learning and memory is neuroplasticity, neuroplasticity is a word used to describe how the brain changes by strengthening the neural circuits that are used and those that are not used are weakened, and eventually may be pruned away.³ The author talks about the reason it takes eight weeks to change a habit or create a new one is that the brain needs time to rewire. The reason positive affirmations are so powerful is because they are wiring the brain.

In early education the brain is constantly growing and changing, there is an explosion of neural development. All ages are capable of neurogenesis, the growth of new neurons, it may not be as prevalent as it is in youth, but there is still potential. It is this potential that makes neuroscience relevant to long-term care. It is the responsibility of the administrator to ensure the staff are providing care that respects this potential and does not stereotype residents as a lost cause.

Just as the concept of neuroplasticity is relevant to long-term care so is an understanding of pruning and myelination. Pruning is the brain's way of getting rid of synapses that have been damaged or unused to make the brain work more efficiently.⁴ When it comes to the brain you either "use it or lose it". Myelination is the creation of the fatty sheath of myelin that surrounds axons in the nervous system.⁵ Information travels via axons, myelination allows this information to travel faster.⁶ In long-term care it is important to understand this concept because the overall goal is to help residents maintain their highest practicable level of well-being as outlined in federal regulations.⁷

² The Athletes's Way: Training your Mind and Body to Experience the Joy of Exercise by Christopher Bergland published 2007 St. Martin's Press. (p.96). The overall assertion of this book is that one can learn to enjoy exercise because of the brain's neuroplasticity. He states that "recent brain imaging proves that you have the power to reshape your mind by rewiring your brain based on your patterns of thought and patterns of behavior." (p.xxi)

³ Dr. Lise Eliot discussed this concept. I have also read about it in The Athletes's Way: Training your Mind and Body to Experience the Joy of Exercise by Christopher Bergland published 2007 St. Martin's Press and Keep Your Brain Alive: 83 Neurobic Exercises to Help Prevent Memory Loss & Increase Mental Fitness by Lawrence C. Katz, Ph.D. & Manning Rubin.

⁴ Synapses in the brain are how neurons communicate with each other

⁵ Myelin sheath and the connective nerve strands make up the white matter of the brain. Gray matter is the nerve cells.

⁶ Multiple Sclerosis (MS) is a demyelinating disorder.

⁷ 483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

Another concept discussed in this conference is how an enriched environment is beneficial for brain health. If this concept is true for early education, is it also true for residents in long-term care? It is an administrator's job to oversee the environment and ensure that it is conducive to maintaining residents' highest practicable level of well-being. Not only does the physical environment of the facility factor into an enriched environment, but also the activity department. Most activity directors directly report to administrators and if an administrator does not understand or value the importance of an enriched environment, the quality of life of the residents will likely suffer. An administrator has the responsibility to the residents in their care to thoroughly examine the quality of life in the facility and support ways to improve quality of life.

Are there other ways the neuroscience of learning could be relevant to long-term care administrators? Do managers in long-term care ever have to teach employees new skills? Do managers in long-term care ever have to work with residents that exhibit behaviors? Do managers in long-term care ever wish employees could manage time better, be more organized, or remember more details about resident care? These are challenges managers in long-term care face every day. It is important administrators learn about executive functioning skills. I would like to point out that "executive function, motor skills, and spatial skills are not well known among early childhood professionals and policymakers" as Claire E. Cameron points out in her book published in 2018 so it is not surprising that professionals in long-term care are not discussing its relevance in long-term care.⁸

What are executive functioning skills? Executive functioning skills can be thought of as life skills. The old adage, "He was book smart, but common sense dumb" that describes someone that struggles with functioning in the world, and therefore, helps put this concept in perspective. The common sense that is being referred to are executive functioning skills. They are the life skills that help individuals successfully navigate and interact with the world around them.

⁸ Hands On, Minds On How Executive Function, Motor, and Spatial Skills Foster School Readiness by Claire E. Cameron published in 2019 The Teachers College Press

Understanding these life skills are important to long-term care managers for two reasons: staff and residents.

| LIFE SKILLS ⁹ | |
|------------------------------|---------------------------|
| Skills that involve thinking | Skills that involve doing |
| Working Memory | Response Inhibition |
| Planning/Prioritization | Emotional Control |
| Organization | Sustained Attention |
| Time Management | Task Initiation |
| Metacognition | Goal-Directed Persistence |
| | Flexibility |

Employees in long-term care are asked everyday to use these life skills. Each person has areas he or she is stronger in and areas he or she is weaker in. The role of leadership is to be able to identify these skills and use people's strengths to help build the organization and to support people's weaknesses so they can do their jobs to the best of their ability. It is also important to understand the concept of "hot" life skills (executive functioning skills) and "cold" life skills. The term "hot" refers to the ability to utilize knowledge and skills while under stress. "Cold" refers to a relaxed or supportive environment.

Planning, prioritization, organization, and time management are familiar management concepts, some of the other life skills are not talked about as much. A deeper understanding of these life skills helps create opportunities for leaders to identify problems better and to be able to put support systems in place that will be effective. For example, understanding working memory is beneficial to the facility as it directly relates to creating a memory support system for staff to utilize. In Point Click Care the Kardex serves as a supplement to CNAs working memory.¹⁰ If the facility is not utilizing this function or a similar process to help CNAs remember how to care for residents then there is an expectation that staff should have an excellent working memory.

In reality, frustrations that management might have with staff are related to how information is communicated. Many times information has been communicated to staff in a meeting or through a communication book and management gets upset when the information communicated has not been followed when care is given to residents. If a staff member has a working memory weakness or is

⁹ Information taken from Smart but Scattered The Revolutionary "Executive Skills" Approach to Helping Kids Reach their Potential by Peg Dawson, EdD and Richard Guare, PhD pg. 18 published in 2009 The Guilford Press.

¹⁰ Point Click Care is the online medical record system.

overloaded with information it is not surprising that directions may not have been followed. It may be helpful to the organization to stop seeing this concern as an issue with staff and rather an issue with supplementing working memory. This is one of many examples of how looking at problems from the perspective of the skills involved rather than the staff, might help lead to more lasting and useful solutions.

It is important to understand stress effects the ability of the brain to utilize these life skills. What is happening in the brain is the stress is activating the fight or flight response in the Amygdala.¹¹ Stress can negatively influence both staff and residents. The long-term care industry is full of stressors. These stressors can include but are not limited to staff shortages, lack of training, the use of agency staffing and the complexity of resident care. These stressors can all hinder the ability of employees to perform their assigned duties. Everyday in long-term care is different and for some employees this brings new challenges and for others it adds stress to the job.

For residents, besides the stress related to medical diagnoses, the nursing home environment has stressors that can influence a resident's ability to use these life skills.

| RESIDENT STRESSORS IN LONG-TERM CARE ¹² | |
|--|-------------------------------------|
| Environmental Stressors | Stress from Loss |
| Inconsistent caregivers | Loss of Home & Personal Possessions |
| Unfamiliar room | Loss of Family/Friends |
| Sharing a room with stranger | Loss of Privacy |
| Language barriers | Loss of Savings |
| Resident behaviors | Lack of outings and routines |
| Unfamiliar sounds & lighting | Loss physical abilities |
| Different food | Loss of mental abilities |

When completing Section C: Cognitive Patterns on the MDS, documentation includes a Brief Interview for Mental Status (BIMS) which is a very basic understanding of where a resident is cognitively. It only helps the ability of the staff to care for residents if they understand how stress can affect cognition and behaviors. Physical behavioral symptoms such as hitting, kicking, pushing, scratching, and grabbing, as well as verbal behavioral symptoms such as threatening others, screaming at others, and cursing at

¹¹ The amygdala as described by Frank Kros is where the fight, flight or befriend response happens in the brain. When the brain is stressed cortisol is released and the ability to use the skills in the frontal cortex of the brain are diminished.

¹² This list is not comprehensive, it is designed to help illustrate a few of the stressors residents encounter.

others are actions related to response inhibition and emotional control. One of the triggers for these behaviors can be a weakness in flexibility or the ability to adapt to surrounding conditions.

After I attended this conference I experienced a few “aha” moments that helped frame other educational information I had encountered. The first was a better understanding of the presentation Lanny Butler gave at a South Dakota Healthcare Association conference. Lanny Butler discussed the My Way document he used to help identify the habits of residents. During his presentation he brought forth the notion that we all have habits in how we wash ourselves and perform activities of daily living. He talked about that as caregivers if we know this we can help keep residents more independent. Maybe it was obvious to others but it wasn’t until after the early education conference that I realized this was all related to neural networks.

The other example of tapping into neural networks that was an “aha” moment for me was thinking about the book *Creating Moments of Joy*. In the book the author describes with dementia there are not good days or bad days, but instead the days are actually a collection of moments. One example, was a person with dementia that when talking on the phone could recognize a family member better than when they saw a family member face to face. I am not exactly sure how the neural pathways are working in the brain to make this happen, but I now know the connection is being made because how the wiring is firing. Just as when a neural connection is not being made, it is also due to the wiring, the wiring is not firing normal or the wiring has been damaged. Dementia hinders the brains ability to function because of the disruption to these wiring networks. The inconsistent firing of the neural networks is why sometimes residents are able to do tasks and other times are unable. This explains why there are good moments and bad moments. The goal of caregivers is to be able to understand what is happening to work to help create positive moments.

The third “aha” moment I had was regarding how I viewed one to one interactions with residents. A sensory activity/experience is one that engages a person’s senses. Just as in how children learn best when they are able to make multiple connections to educational material, resident interactions are more meaningful for brain health when they are multisensory.¹³ I put together a training sheet that I have used when consulting on how one to one interactions can vary in complexity. One example is eating an orange.

¹³ Neurotrophins acts as nutrients for the brain that can promote health of nerve cells and the synapses between them. Neurotrophins are produced when nerve cells are active, which helps the ability to respond. The goal is to prevent atrophy of the dendrites (dendrites are the branches of the nerve cell that receive and process information). Information taken from *Keep Your Brain Alive: 83 Neurobic Exercises to Help Prevent Memory Loss & Increase Mental Fitness*.

How can eating an orange be an activity? It is about eating an orange in a mindful way.¹⁴ Giving a resident an orange and talking about how the outside feels, peeling the orange and smelling its aroma, tasting the orange and visiting about the flavor engages multiple senses, encourages verbalization and creates an opportunity for two people to connect.

The fourth “aha” moment I had was when I started thinking about the training I had encountered with the Allen’s Cognitive Level (ACL) testing. This testing is used in facilities to determine the cognitive and functioning level of residents. When I first had ACL training the therapist compared the different levels to different ages of children. At that time, I did not have any children of my own and I was not able to fully grasp the comparison. After attending this conference my understanding of the comparison finally clicked. The neural functioning during development stages correlates to the neural functioning decline that happens as ACL scores decrease.

Another concept that is worth exploring is mirror neurons. Mirror neurons fire in the brain when someone sees something being done, just as they would as if they were doing the action themselves. The mirror neurons are wiring the brain in the same manner that completing the task does. When these neurons fire they are literally building a pathway. Christopher Bergland states, “the ability to learn from other people’s mistakes and triumphs without necessarily having to experience them firsthand is a function of the mirror neuron system.” There are multiple ways this could factor into long-term care through both resident care and staff training.

Other areas that I have found useful after attending the conference are mindfulness and ways to utilize this to reduce stress, the importance of play in all stages of life, and the connection between learning and movement to name a few topics. There is great potential here for helping both staff and residents handle stressful situations and creating habits that benefit the residents and staff.

So if you are still wondering how early education is relevant to long-term care, at what age do you want to stop engaging your brain? Engaging the brain is science. The human body is a complex entity that functions in a certain way. Understanding how it is built, helps to understand how to keep it from breaking down.

I respectfully request the board to reconsider the rejection of my college credit hour through the University of Sioux Falls (the equivalent of 15 continuing education credit hours) based on my attendance

¹⁴ Mindfulness is a technique of being aware of what is going on in the moment. It helps clear the mind and can work as a form of stress reduction and enhance sensory experiences.

at the South Dakota Early Education Conference (fall of 2018) as a part of my continuing education credits. I understand how initially early education and brain development might seem to be irrelevant to long-term care, but I hope that you can now understand the relevance. I greatly appreciate the opportunity to articulate what I have learned. I would also like to use this opportunity to request to be able use these hours along with the other credit hours I completed over the previous two years to put my license back into active status. I had only 38.75 of the 40 continuing education hours needed to have kept my license active, so I placed it into inactive status. If you have any questions or concerns I would be glad to discuss this matter further.

Thank you for time,

Amanda Larson